

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>flw</i>	78331	
O.I.P.E. CLASSIFIER		25	08-10-99
FORMALITY REVIEW	<i>BH</i>	<i>60245</i>	8-24-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	6 12
1	✓ ✓
2	✓ ✓
3	0 ✓
4	0 0
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ ✓
12	✓ ✓
13	✓ ✓
14	✓ ✓
15	✓ ✓
16	0 ✓
17	0 0
18	✓ ✓
19	✓ ✓
20	✓ ✓
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23	0 ✓
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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